THE CHIRONIAN.

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EMERGENCIES IN SURGERY.*

By Wm. Francis Honan, M. D., New York.

In no calling, save perhaps the profession of arms, do occasions so suddenly arise which call upon the resources of its representatives and make such exacting demands for the performance of the precise procedure indicated at the time, as those which are met with daily by practitioners of medicine. No criticism can be more acute, or denunciation fiercer, than that which follows the failure to successfully meet an emergency, and on the other hand, nothing testifies so eloquently to the greatness and largeness of the physician's equipment as the almost intuitive response with which the trained mind meets the catastrophies which occur as part of his daily routine. In the latter days of Dr. Samuel Gross, of Phlladelphia he gave a leaf from the daily life of a busy surgeon, which throws a side light on that aspect of the profession.

The office hours in the morning, the throngs of patients, numerous cases sent for diagnosis and opinion, many of which were seen for the first time, obscure and complicated conditions to be decided upon at the moment, the hopeless cases and the wearying ones with imaginary complaints. The afternoon devoted to the hospital with operations, clinics and bedside instruction, post-operative calls upon patients, consultations often at a distance, and, finally wornout, weary in body and spirit, to return home long after the family had dined to eat a cold repast. Then to see dilatory patients who had straggled in and make references from books and journals. After writing some personal letters and making some memoranda, to bed and uneasy sleep, at a late hour. In the middle of the night a hasty summons to the hospital to be confronted with a case of secondary hæmorrhage.

*Read before Kings County Homœopathic Medical Society, Nov. 9, 1909.

He vividly describes the scene. The hippocratic countenance of the patient, the cold, clammy skin, the anxious restlessness, rolling the head from side to side, the quick but silent movements of the nurses and assistants, the moans and sighs of the patient as the life current ebbs away. The tension of those anxious moments furnishes a picture which the pen of Gross made classic. It was calculated to dismay the stoutest heart contemplating a surgical career.

It is not my purpose, however, to dwell upon the woes and worries of the surgeon but rather to discuss briefly and very generally, for the subject is a vast one, such conditions as are illustrated almost daily in the practice of medicine. This is emergency or it might better be called "imperative surgery." Confronted by an emergency where the life of a human being apparently hangs upon the possibility of relief from surgical skill, the conscientious physician, when he feels that he is not sufficiently adept in the art, seeks the assistance of a specialist. Should time and place be such as to make the presence of a surgeon impossible the full responsibility devolves upon the one in control of the case, and unless he is willing to meet the charge of perhaps inexcusable delay he must assume the role of the surgeon and perform the work before him to the best of his ability. If the case be not one of life or death but one in which delay might bring about a long illness or permanent deformity it is again his obvious duty to meet the emergency and tide the patient over the critical period. Such help and paraphernalia as are available must be pressed into service, often substituting crude make-shifts for surgical apparatus and lay persons for trained assistants. Whatever may be the surroundings or conditions under which such work is undertaken, the essential features to successful outcome will be cleanliness, asepsis and good operative technique. The ease with which sponges, ligatures, dressings, etc., may be obtained in aseptic packages makes clean surgery a possibility and with much less difficulty than formerly. Nineteen years ago Gerster in his "Antiseptic and Aseptic Surgery" showed the possibilities of surgery done even in tenements with improvised conditions. You all know of the physician in New York who suffered from an enlarged prostate, who was accustomed to take a catheter from beneath the sweatband of his hat, expectorate upon it and relieve his bladder. He was, too, I am creditably informed, a member of the visiting staff of Bellevue Hospital. Our own expeienrce in the

Brooklyn Homœopathic Hospital twenty years ago when we sutured scalp wounds at the station houses with hair plucked from the ambulance horses' tails, washed with a dirty sponge which had done service in many cases before, seemed to discredit the antiseptic or aseptic theory as we usually obtained primary union unless the parts were severely contused.

Treatment of Wounds.—It must be borne in mind that the fate of a fresh wound, its infection and suppuration are due to the technical faults of the physician who first sees it. The glaring mistake is that the physician thinks, right or wrong, something like suturing or other heroic measures must be undertaken to impress the family or friends. The wound is closed under improper conditions with consequent failure of primary union. As a result suppuration, needless delay and unnecessary scarring is the portion of a patient who is entitled to the procedure which consistutes good practice. In the Russo-Japanese war, all wounds on their reception as far as possible were simply covered with a "first aid to the injured" dressing, the patient removed to the rear, thence to a field hospital as soon as practicable, and the wound then treated under proper aseptic conditions. The results of such treatment have astonished the medical world. In the late civil war wounds of the knee joints showed a mortality of 53 per cent., which was gradually diminished as the antiseptic and aseptic eras were ushered in until the mortality was about 7 per cent. in the Chino-Japanese war, and later to about 2 per cent. unofficially under Japanese treatment in her conflict with Russia. The unscientific and careless handling of fresh wounds is not confined to the general practitioner, and it is a lamentable fact that what seems the results of gross carelessness are seen in the many cases of infected arms and legs of patients sent to the Metropolitan Hospital, which have received first aid from dispensaries and out-patient departments of leading hospitals. These wounds common in butchers, bakers, cooks, fish-handlers, oystermen, carpenters, machinists, whose livelihood depends upon their manual dexterity are frequently subjects for mutilating amputations and other operations, often because someone was careless in the beginning.

Fractures and Dislocations.—It would seem unnecessary to speak of this subject and the necessity for exact diagnosis and methods of treatment were it not for the fact that each year I see cases in

which the results do not come within the legal demand of the exercise of ordinary skill and judgment. In many cases the patients were treated by excellent practitioners who simply were misled by statements of the patients, that it was only a sprain or a bruise and failed to apply to the case the simple ordinary rules of diagnosis of which they were thoroughly familiar.

Colles's fracture of the wrist furnished a frequent illustration of a fracture treated for a sprain, and, while at the time, owing to the swelling of the part, deformity is not very manifest, lack of function is explained by the effect of traumatism and crepitus and preternatural mobility being absent on account of impaction, the oversight is a natural one, unless the physician has developed within himself a suspicious turn of mind. This will make him overcautious and will many times save his reputation and peace of mind. Intercapsular fractures of the femur come also frequently within the unrecognized class, as three cases that I have seen this season clearly showed. Dr. Willis, he of blessed memory in this society, and under whose influence I began my surgical career, was particularly emphatic on this subject, and was accustomed to say to me, "Be more than careful about fractures and dislocations; if you have a bad result and escape a verdict for damages in the courts, they remain living monuments to your lack of professional skill during the lifetime of the patient." Since the practical application of the X-ray as a means of diagnosis and of aid to observation during the process of repair, that valuable agent may prove your undoing when a plate showing a bad result is offered for evidence to a jury.

Acute osteomyelitis, a disease of childhood and early adult life, may occur from an infection through a minute opening some distance from the bone which forms the seat of infection. This disease is often mistaken for rheumatism, and the mistake may lose a life or limb, for the disease requires prompt recognition and surgical interference. The subject of foreign bodies is a large one and must be dismissed with a mention. They may find lodgement in the various cavities and recesses of the body, their presence being accidental or intentional. Many objects gain access to the larynx, trachea, bronchial tubes, stomach and intestines. The X-ray does not always help in diagnosis, as the body may not possess sufficient density to cast a shadow.

The Abdomen.—It is to that region which, until a few years, was

a terra incognita for the surgeon and physician that I now invite your attention. Medical as well as surgical history has been largely augmented by the diagnosis and treatment of diseases in this situation, diseases which formerly eluded the internist, and which the surgeon approached with no certainty of success. Aseptic surgery and technique have made many things possible. Wounds and often contusions of the abdomen require surgical interference, penetrating and gunshot wounds always require abdominal section. Contusion of the abdomen particularly from the passing over the body of trucks and automobiles often result in rupture of the liver, spleen and kidney. I had one such case which passed through one hospital unrecognized, in which I diagnosed rupture of the liver, and diagnosis was confirmed by abdominal section. Recovery. The possibility of subcutaneous rupture should be noted in all cases of such injury, the patient's condition carefully watched, and invasion through the abdomen promptly made if symptoms demand or if in doubt. Operation for acute obstruction except for drainage is now not frequently performed. Cannon and Murphy have shown the extreme toxicity of the venous flow returning from a point of obstruction in the bowel, and usually at the time of operation the patient is profusely toxic from auto-intoxication, therefore unfit to stand the shock and strain of a resection and anastomosis. Relief by drainage and with temporary intestinal fistula to be closed subsequently is a far better procedure than a beautiful anastomosis in a dead subject's abdomen. It would seem unnecessary almost to refer to acute cholecystitis, acute pancreatitis, suppurative appendicitis, typhoid perforation, ulceration of the stomach, perforating ulcer of the duodenum, acute suppurative condition of the kidneys, tubal pregnancy and a host of other pathological states in the abdomen and pelvis, which, with lightening-like rapidity, take on aspects of the greatest severity and the direst emergency. In all of this class of diseases, where the medical patient often very abruptly pases into a condition requiring prompt surgical interference, the attendant too often bears the burden alone hoping for the best or fails to apply the surgical knowledge he possesses at the proper time.

Ileus from valvulus, intussusception, paralytic obstruction, compression or obturation fairly indicate this case of imperative surgery. The early symptoms of pain, nausea and vomiting may be common to a number of diseases and too frequently stercoraceous

vomiting, collapse, profound shock or sepsis is the picture the surgeon is called upon to relieve. Embolism and thrombosis of the mesenteric artery is a rapid process, with terrific pain in the lumbar region and becoming general with restlessness and rapid accumulation of water in the abdominal cavity. Acute dilatation of the stomach, occurring not only after operation but after typhoid, pneumonia and other debilitating diseases is an occasional cause of death, though it may be relieved when recognized by the free use of the stomach tube.

The general practitioner, it goes without saying, should equip himself to the best of his ability in order to successfully combat the emergencies of his calling, he should also cultivate an attribute of friendly co-operation with his surgical confrere, and should summon him for advice, support and help at the first instance of any medical cases assuming a surgical aspect. He should teach his patients that to summon a surgeon does not of necessity mean an operation, he should impress them that the presence of a surgeon in a given case is to be considered an additional precaution for their safety and to take time by the forelock should necessity for surgical intervention arise. There should be proper fellowship and mutual support between surgeon and physician. It does not require a great genius to become a dentist or an ophthalmologist, but the practitioner seldom hesitates to refer his clients to the former for insufficient molars, and to the latter for errors in refractions. It also does not require great mental equipment to become a surgeon, but as in the specialities above referred to, the dentist and oculist, they all require special training, and in their respective fields will do better work than one who does such things casually or occasionally. I speak of appendicitis, it has been essayed so frequently that I mention the name timidly, yet out of ten cases of appendicitis seen in children last year, the earliest diagnosis made by the attending physicians, all exceptionally good observers, was four days; all had abscesses, spreading or diffuse peritonitis.

It would be a great error to fail to refer to the work of Crile in shock and collapse, one of the most recent noteworthy contributions to surgery. The results of the experiments of Crile and Carroll, of Rockefeller Institute explode many former theories on hæmorrhages and transfusion. Saline infusion accomplishes most when given early after hæmorrhage and slowly. It should be absorbed through

the tissues rather than thrown directly into the circulation through a vein. Rapidly filling the veins is apt to produce acute dilatation of the heart in cases of extreme exhaustion, either from hæmorrhage or shock. Bandaging the limbs or the use of Crile's pneumatic inflated suit has a beneficial effect in bringing up the blood pressure. The heart under most circumstances will work if it has anything to work with and needs blood or some other suitable material rather than drugs.

Blood is, of course, the ideal fiuid, and only recently has it been successfully shown by Crile, the technique and excellent results which follow his method of direct transfusion. The surgical mind of to-day is largely consecrated upon those means and measures to meet the great emergencies and avoid the fatal catastrophes that still give us a death rate in serious conditions which confront us in the pursuit of our calling.

HOMŒOPATHIC THERAPEUTICS VERSUS QUININE IN MALARIA.

By Arthur Ginnever, M. D., Glen Cove, N. Y.

Gentlemen:.

When I began to study homœopathy at college I used to say I would like to try this homœopathy upon a real case of malaria. Upon leaving college I came to Glen Cove, Long Island, and have had a constant stream of malarial cases. I used to take the temperature of all cases, and was surprised to find patients with temperature as high as 105½° when they were in the chill stage, and it would not go any higher in the fever stage. Now, I do not take the temperature at all in any stage in any case of malaria. My only directions are: Do anything that seems to make the patient more comfortable. I have come to this conclusion after nearly nine years of a pretty constant stream of malaria that you city doctors see very little of, real clear malaria. You are apt to call any case malaria if you do not know what else to say.

In regard to the so-called "specific," quinine, I believe that about 2 per cent. of all cases can be really cured by it; about 96 per cent. can be relieved of the outward symptoms for a varying length of time, and 2 per cent. are absolutely uninfluenced by any amount of it or are aggravated by it. Homœopathy can cure every case, but

no single man is clever enough to so use homœopathy to get that 96 per cent., and when he is beaten he should acknowledge *he* is beaten and *not* the system.

I fail in several cases every year; that is, I try homœopathy until I or the patient is disgusted, when I resort to quinine, which is my admission of my laziness or incompetency. I buy my quinine in lots of five thousand tablets, and have plenty of chance to try it, as I use it on my Polish, Italian and colored people. I mean people who cannot be got to talk intelligently about their symptoms. The chills stop and they are satisfied for a time. Nearly all my cases come to me having taken large amounts of quinine. Unless they show some well-marked symptoms, my first prescription is Ipecac 3x, and tell them to come back in two days. This will cure more cases than quinine, and if not curative, will clear up the case so you can really get the proper symptoms.

Then carefully go into each of the four stages for symptoms. Most cases will show prominent guiding symptoms for a certain drug, and when it does you can give the drug and tell the patient positively they will not have another chill.

Most cases can be cured by one prescription. If I cannot stop the chills in a week or ten days I am discouraged and resort to quinine. I do this knowing that unless I do, I will lose the case to an allopath, and he will give quinine, and I can at least do that as well as he.

To me nothing yet equals my pleasure and amazement in curing these cases by homœopathy. A young man aged 24, nephew of an allopathic doctor, came to me after several years of quinine with chills recurring several times a year; came to me with a chill. I gave Ipecac 3x. This was April, 1909; he gained twenty-four pounds, and has not had a chill since. I did not try to get his symptoms for the first prescription, but gave him Ipecac knowing it would clear up the case and possibly cure it.

A young lady came to me in May, 1906, recurring chills from six to seven years previous, large amounts of quinine. I tried my best, and she had severe chills for four weeks without any relief from my drugs. The mother was angry and disgusted, and the atmosphere of that house was decidedly chilly to me.

I worked hard on that case; repertories by the hour. I finally had used all the drugs possible except Sulphur. I could not give

Sulphur for malaria; that was my prejudice. Finally in desperation I turned to Sulphur and found the exact similimum. She was due to have a chill next day near noon. I was there at 8 A. M. One powder of Sulphur 30 in water, dose two teaspoonfuls every two hours. She did not have that chill, and has not had one since. I had the mother this spring and Gels. cured her.

The father is in the U. S. service, and had been known as a malaria case for years. The service doctors had taken many samples of his blood, and always found the germs. He wanted me to try to cure him; he was not having chills and felt fine. I told him I could cure him inside of a week or bring on his chills. He said, "Go ahead." I gave him Ipecac low, and on the fifth day he had a beautiful chill. I gave him Arnica, Eup. perf., Eup. purp., each one a bad prescription; chill every day. Wednesday night he placed twenty grains of quinine on his table, and said, "I take that Saturday if I have a chill that day." Thursday I gave Nat. m. 200, one powder at one dose and Sac. lac. That day he had a very slight chill and never another. I gave a dose of Sulphur, and two more doses of Nat. m. Two doctors attached to the service visited him during his illness. Ten days after his last chill I told him to go to them and have a blood test, and with negative results for the first time in many years.

A lady sent for me; chills; prescribed Ignatia 3x; no result; again prescribed Ignatia 3x, no result; again prescribed Ignatia in 30; has not had a chill since.

I have records of many such cases, and yet I cannot bring myself to use high potencies except when forced to do so, and yet some of my most brilliant results have been in the 30 and 200 potencies.

I believe that I am quite a fairly good homœopath, but am not a high potency advocate, and am prejudiced against it simply because I cannot reason it out.

I believe that any man who claims to cure all his cases with homœopathy forgets to tell us how many cases he has lost to the allopaths.

For my part I do not see why I should lose a case for all time to the other school, when, if I cannot cure him with homœopathy, I can at least use quinine as well as he can.

WHEN AND WHY TO REMOVE DISEASED TONSILS

Discussion by Dr. E. Wilton Brown, at the Annual Meeting of the New York State Homœopathic Society.

E. Wilton Brown: A good many members of this State Society haven't a static machine, haven't a high frequency current, haven't anything but just the knowledge of a few drugs that have their action upon the mucous membranes and glandular structure, with which to treat enlarged tonsils. We do not always cure them, but the great majority of our cases are profoundly benefited by the constant watching of the case and the infrequent prescription of the remedy. I think there is many times a tendency on the part of physicians to give, perhaps, Belladonna, Calcarea, Mercurius, or some one of our glandular remedies, repeating the dose once an hour, sometimes once in a half hour; and because we fail to get diminution of that structure in a week, we throw our drug away. You men with your high frequency current tell us just now that you keep this patient coming to your office twenty to thirty times, three days, possibly, intervening. Will you give your drug three months' time, or two months' time, to accomplish the same result, and give it as much study as you give the current? If you will, if you pay as close attention to your prescription, I believe half of the time you will get better results. And you will find that the child that has a glandular disease has begun to grow; that the remedy you are prescribing is not only gradually overcoming the disease in the glandular structure, but the child is building up his vital forces and that the ultimate outcome of careful prescribing for these conditions is a stronger body and a better life. There are times when I candidly believe that tonsils must be removed, but those occasions are rare.

EDITORIALS.

TUBERCULOSIS.

When all is said and done, the finding of the tubercle bacillus in the sputum of the suspected case is the final argument in favor of the diagnosis. Therefore, any method whereby the finding of these organisms is rendered more certain is a distinct advance in the technique of the examination.

The antiformin and ligroin method, which has lately come before the medical world, promises to be of great value in those cases in which the bacilli are scanty, either in the very early stage or in those slow fibroid types in which the organism is never very abundant.

The principle is that when a mixture of many bacilli are shaken up with a hydrocarbon, the tubercle bacilli separates out from all the others. It is probable that the tubercle bacilli, by virtue of their wax-like covering, adhere to the fat-dissolving hydrocarbon more strongly than to the watery medium, and when specifically lighter hydrocarbon drops rise to the top the tubercle bacilli rise with them. They are found abundantly at the margin of the two fluids.

Any hydrocarbon can be used, ligroin being usually selected because it is cheap and easily obtained. It has a specific gravity of 0.73, and is, therefore, not so light that in rising it is apt to tear itself loose from the bacilli.

Antiformin, a mixture of alkalihypochlorite and alkalihydrate in definite proportions, is used to liquify and dissolve the sputum.

The following is the technique of George Bernhardt, of Berlin:

1. To 5 c.c. of sputum in a covered graduate add 20 c.c. of a 20 per cent. solution of commercial antiformin. Stand at room temperature (more quickly in an incubator) until fully liquified, shaking frequently, one-half to several hours.
2. Add 25 c.c. of water. (This is advisable but not necessary.)
3. Add enough ligroin to make a layer 3 to 5 millimetres thick. Shake strongly to a thick emulsion.
4. Stand at room temperature until sharply separated; 20 to 30 minutes (more quickly at 60° in a water bath).
5. Sufficient loopfuls from the junction layer directly beneath the ligroin placed on the same spot on a warm object glass.
6. Fix and stain as usual.

SOIL POLLUTION AND ITS RELATION TO HOOKWORM DISEASE AND TYPHOID FEVER.

In reprint No. 42 from the Public Health Reports, Ch. Wardell Stiles, Ph. D., chief of the Division of Zoology, calls attention to the pollution of soil as a potent factor in the spread of these two diseases. In an investigation through four Southern States it was found that 68.5 per cent. of the houses had no privies. Furthermore it was found that the privies that did exist were built so poorly as to allow almost free access to the domestic animals, such as fowls and hogs, which scattered the night soil and so carried infection to remote places. In the more or less open construction of privies as obtains in most rural districts, it becomes possible for flies to breed in and carry the fæcal matter to the food in the houses.

Another very great source of danger is the practice of some towns in selling the night soil collected to the farmers to be used as a fertilizer. In this manner large tracts of land become infected, and in the opinion of Dr. Stiles this is without excuse and should be prohibited.

PELLAGRA.

While not many physicians in these parts will ever be called upon to make a diagnosis of pellagra, but it is well to bear in mind a few of the essential points of a disease that seems to be increasing in frequency in our Southern States, as the possibility always exists of having someone from an infected district make his appearance in the dispensary, hospital or consulting room.

The diagnostic points to be remembered may be divided into two classes, the general systemic disturbances and the skin manifestations.

In the former group may be mentioned a severe stomatitis, frequently going on to ulceration and accompanied by a profuse salivation. Nausea, vomiting and a severe morning diarrhœa, which may be bloody, completes the picture of the gastro-intestinal disturbances.

There are also well defined mental and nervous symptoms, including loss of judgment, confusion and either depression or mania.

In the skin of the pellagrin is manifested a variety of lesions

usually confined to the extremities. Dryness, roughness with swelling and infiltration along the borders of the eruption are characteristic. The eruption may be found in triangular form, is scaly, as a rule, and may be either of a yellow tan color or red and erythematous.

At times the genitalia are engorged, raw, excoriated and painful; in women the menstrual flow may be very scanty.

There seems to be nothing diagnostic in the blood count, but Dr. C. C. Bass, of New Orleans, has reported a number of cases in which he believes there is a complement fixation, using lecithin as antigen.

The technique is similar to the Wasserman serum reaction for syphilis, except that lecithin is used for antigen as a substitute for syphilitic liver extract.

CORRESPONDENCE.

New York, November 17, 1909.

Dr. H. G. Sloat,
Editor CHIRONIAN,
New York City, N. Y.

Dear Doctor:

We wish to briefly, very briefly, answer the letter of Satish Ch. Dutt, in the November CHIRONIAN. Against his statement that "the tincture of Ficus religiosa, which we sent to Boericke & Tafel, was not only supplied by us, but was also prepared by us," we wish to place his statement in his letter to us of January 21, 1904:

"We send by to-day's mail the following quantities of Dr. Ghose's newly discovered homœo. drugs: Nychtanthes *θ*, 2 lbs.; Ficus religiosa *θ*, 8 ozs., the remaining quantity of Ficus religiosa will be sent to you as soon as we *get a fresh supply from Dr. Ghose.*" This letter is in our files at 145 Grant Street.

Very truly yours,

BOERICKE & TAFEL.

November 12, 1909.

Editor THE CHIRONIAN.

Sir: In relation to the case of hypnotism that resulted fatally at Somerville, N. J., what appear to me to be misleading statements have appeared in the press. In my opinion, the hypnotic trance had

nothing to do with the death. If death was due to the rupture of the aorta, it was probably directly caused by the experiment which is so commonly made by hypnotists and which was reported to have been used in this case. The patient is put in a state of cataleptic rigidity, and is laid between two chairs with his head on one chair and his feet on the other while the performer or an assistant stands on his body. Over twenty years ago, when a medical student, I investigated and practiced hypnotism but never perrormed this test, thinking it dangerous for the subject. At that time I did not think of the danger of rupturing a diseased aorta but rather of injury to the head and neck, as the vertebræ of the neck are very lightly built and not at all adapted for forming one of the piers of a suspension bridge.

Perhaps some of the members of the Medico-Legal Society, of which the Hon. Clark Bell was, and, I believe, still is president, remember an exhibition that I gave before them about eighteen years ago. The society was much interested in the question as to whether crime could be compelled under hypnotic influence, it having been stated by most authorities that the hypnotized subject could not be induced to commit an actual crime; that he would stab a friend with a paper dagger but never with a real one; that is, that the hypnotized subject realizes the difference between playing at a crime and actually committing it. My own opinion was then and is now that the hypnotized subject is absolutely under the control of the operator for good or evil, and I was asked by Mr. Bell to demonstrate this to the society. At one of its meetings I exhibited two subjects whom I had used several times. One of these subjects was a business man. To show the possibility of one signing a paper under hypnotic influence, I compelled this man, under the hypnotic influence and before the audience, to write, sign and give me a promissory note for one hundred dollars. When he came out of the trance he acknowledged it to be his signature but had no memory of writing such a note.

To show the possibility of crimes of violence being committed under hypnotic influence, I undertook to show the familiar experiment of the paper dagger. I put one subject to sleep, and he sat in a chair oblivious to his surroundings. Then I put the other subject to sleep, and giving him a paper dagger told him that the man sitting in the chair was an enemy of his and had injured him.

I do not think that those who saw it soon forgot the stealthy manner with which this man stole around behind his victim, sprang upon him like a cat and stabbed him in the back. To my surprise he did not stop there, but caught him by the throat, threw him to the floor and seemed trying to choke him to death. I took the actor out of the trance as quickly as possible and no harm was done, but it was an exciting moment for us all.

This same hypnotic subject gave me another surprise when exhibiting the possibilities of hypnotism before my college class, when I was a senior student of medicine at the New York Homœopathic Medical College in 1889. On impressing the subject with the time-worn suggestion that he was a sailor on a sinking vessel, expecting him to go through the usual performance of throwing off his coat and boots and swimming across the floor, he made a leap for the blackboard, which was fastened against the wall, and climbed to the top of it like a cat. Then he started to go up the window curtain. Luckily I was able to command him to stop, but he stood on top of that blackboard for fully ten minutes arguing with me that he was a sailor going up the mast, and that he had to go on up. I was afraid to take him out of the influence for fear that he would fall and break his neck. Finally, I told him that I was the captain, and the captain had ordered all hands below; that he was on a shaky ladder and must climb down very carefully. To my great relief he reached the floor in safety.

These things are memories which seem long ago. Since then I have been in active medical practice in New York, but for many years I have done nothing with hypnotism; finding it of very limited usefulness in the treatment of disease, and an uncanny thing which most people are loath to deal with.

In regard to the Somerville case it is not an infrequent thing to have hypnotic patients go into convulsions. In an exhibition before the Y. M. C. A., of Plainfield, N. J., in 1890, one of the young men was known as an hypnotic subject. I had scarcely looked in his eyes for two minutes before he arched back in a convulsion, and I found that I had to handle him very carefully to prevent them. Fortunately I have never failed to bring a patient to consciousness. In the fatal case at Somerville I believe that there would not have been the slightest difficulty in bringing the patient back to consciousness had not the very ill-advised but frequently

employed cataleptic bridge experiment ruptured the patient's aorta. It is well known that ruptures of this character are usually caused by severe physical strain, as lifting heavy weights or heavy falls or blows upon the chest, acting upon an aorta that is already diseased. It is probable that this patient's aorta was already diseased and predisposed to rupture under any unusual strain. The hypnotic trance had nothing to do with the death, but simply the physical overexertion.

GEORGE F. LAIDLAW.

58 West 53d Steet.

Cleveland, O., Nov. 15, 1909.

To the Editor:

The regular semi-annual meeting of the Board of Trustees of the American Institute of Homœopathy has been ordered by the President for December 18, 1909. The session of the Board will be held in the Hollenden Hotel, Cleveland, O., beginning at 10 o'clock in the morning. Most important matters are to be considered and the attendance of each member is earnestly requested.

By order of the President,

J. RICHEY HORNER,
Secretary.

SIXTY-SIXTH ANNUAL SESSION AMERICAN INSTITUTE OF HOMŒOPATHY

Dear Doctor:

The Sixty-Sixth Annual Session of the American Institute of Homœopathy will hold its meetings at Hotel Virginia, Long Beach, Los Angeles County, California, July 11 to 16, 1910.

California has invited the American Institute of Homœopathy at intervals during the past thirty-six years. It has never held a session west of the Rocky Mountains. Now that the Institute has accepted our invitation, we are making preparations for what we are sure will be the most successful Institute meeting ever held any place.

Exceptionally reasonable rates on railroads and at the hotel are assured us.

THE TIME.

July 11 to 16 was chosen as we are assured that it will be more

convenient for the greater number. We expect you to take your vacation at this time and spend, at least, a month from your office enjoying yourself and giving your family the trip you have always looked forward to, and the one of which your patients have oft detailed the many enjoyable feature.

THE PLACE—THE COUNTRY.

See America, your own country, first, and then foreign countries later, if you must. They have none of the grandeur of the Grand Canyon, none of the wonders of the Yellowstone, none of the sublimity of the Yosemite and its giant trees, and no climate anywhere in the world is equal in comfort to a California *coast* climate in July. A blue sky surpassing the Venetian, a rainless month without humidity, and cool enough every night to require blankets.

THE HOTEL.

At Hotel Virginia, situated as it is in Long Branch, a most beautiful seaside suburb of Los Angeles, the American Institute of Homœopathy will have its headquarters, its meeting rooms, and its entertainments. This million dollar marvel of the twentieth century is a masterpiece of reinforced concrete, steel, cement, tile and marble. In taste and in elegance, in detail, in decoration, and in appointments and furnishing, it is a symposium of quiet refinement, of luxury and of culture.

Long Beach has no "season." The only difference is that people from the Middle West and the East go there at one time of the year to be relieved from the severe cold and sudden changes of their winter and spring months at home, and those from the far West, from the valleys of Arizona, New Mexico, Nevada, Utah and inland California towns go there in the summer and fall to cool off. This is the history of the utility of California coast towns in general.

The Local Committee of Arrangements, consisting of Drs. W. J. Hawkes, F. S. Bernard, H. M. Bishop, E. C. Buel, W. E. Waddell, T. C. Low, Eleanor F. Martin and Walter E. Nichols, is doing everything in its power to provide every comfort, convenience and entertainment for you, and all they desire is th opportunity to give

you the most pleasureable and profitable meeting in the history of the American Institute.

Fraternally yours,

WALTER E. NICHOLS,
Chairman of Local Press Committee.

Pasadena, California, Nov. 15, 1909.

OBITUARY.

Gregg Hendersan, M. D., '66.

Gregg Henderson, M. D., 1866, of Strathray, Ontario, Dominion of Canada, died on August 25, 1909, aged 72. He was a charter member of the Ontario Medical Council, and in 1897 its president, and for thirty-four years was health officer of Strathray.

George B. Dowling, M. D., '86.

George B. Dowling, M. D., '86, died suddenly on Saturday, November 30, 1909, at his residence, 50 West Seventy-seventh street, New York City, in his forty-third year. Dr. Dowling was the son of the late dean of Alma Mater, and brother of the present secretary, Dr. J. W. Dowling. For many years he was a sufferer from amœbic dysentery. A widow and two children survive him.

Jeremiah N. Anderson, '64.

Dr. Anderson died suddenly, in Toronto, Canada, on June 8, 1909, aged 68 years. He was born on a farm near Simcoe, Ont., on May 23, 1841, and received his preliminary education at the Simcoe Grammar School. Later he took up the study of medicine, and graduated from the New York Homœopathic College in 1864. He practiced for a short time at Danville, N. Y., and Rochester, N. Y., but about twenty-five years ago he went back to Canada and started practice as an eye and ear specialist in Hamilton. He remained there about five years and then moved to Toronto, where he practiced his chosen specialty for over twenty years.

ALFRED DRURY, *Necrologist.*

Harry N. Curtis, M. D., '81.

Dr. Harry N. Curtis, of Marietta, O., died suddenly on the lawn of the Country Club of that city on June 7, 1909. He had just

finished playing his favorite game of golf, and was talking with his wife and friends, when he suddenly was seized with an attack of vertigo, and died almost instantly. He had long been afflicted with deficient heat actionr, although the affection was known only to himself and his wife.

Harry N. Curtis was born at Belpre, O., in 1852, being now in his fifty-seventh year. He was a son of Captain Augustus Curtis, a prominent riverman. He received his earlier education at Belpre and at the Marietta College. He was graduated from the New York Homœopathic Medical College in 1881, and immediately opened offices in Marietta in partnership with Dr. Walter, a business arrangement which lasted until his death. He took a post-graduate course at the New York Homœopathic College and Hospital in 1903.

Dr. Curtis was a member of the American Institute of Homœopathy, of the Ohio State Homœopathic Medical Society, and at the time of his death was president of the Washington County Medical Society. He was an untiring worker in the local society, and was widely known and respected by his medical colleagues, He was medical examiner for the Bankers' Life Insurance Company and the American Union Company. He was also a prominent Mason, a prominent member and first president of the Marietta Country Club, and took an active interest in local politics, serving as councilman, trustee of the sinking fund board, tax commissioner and member of the Board of Trade. For twenty years he was treasurer and trustee of the Unitarian church, a work which held first place in his heart.

Dr. Curtis married Helen E. Green, also a homœopathic physician, in 1879, and to them was born one daughter. Both his widow and daughter survive him.

Dr. Curtis was a learned physician, a public spirited man, and a credit to his Alma Mater, of which he was always a loyal son. His loss is keenly felt by all who knew him.

AMERICAN INSTITUTE, 1911.

In accord with the By-Laws, Art. X., Sec. 9, invitations for the place of meeting of the American Institute of Homœopathy in 1911 must be in the hands of the trustees April 10, 1910. Members of the Institute interested in the place of meeting in 1911 are requested

to present their invitations as early as practicable to some member of the committee.

Sarah M. Hobson, M. D., 700 Marshall Field Bldg., Chicago.

J. B. Gregg Custis, M. D., 912 15th St., Washington, D. C.

William O. Forbes, M. D., Hot Springs, Ark.

By-Laws, Art. X., Sec. 9:

The determination of the next place of meeting shall take place as follows: All invitations for places of meeting shall be forwarded to the Board of Trustees at least ninety days before the date of the annual session, whereupon the Board shall investigate the various places, with reference to accommodations, hotel rates, railroad facilities, and obtain all necessary information. The Board's report shall be made to the Institute, when the location shall be determined.

FIFTY-FIRST ANNUAL MEETING CONNECTICUT HOMŒOPATHIC SOCIETY.

The fifty-first annual meeting of the Connecticut Homœopathic Medical Society was held in the Y. M. C. A. at New Britain, Conn., on Tuesday, October 19, 1909, the homœopathic staff of the New Britain General Hospital acting as host. One of the best attended meetings for several years resulted and enthusiasm ran high, for this is the first time the society has ever met in one of the smaller cities of Connecticut.

The program consisted of—

Dr. A. W. Philips, Derby, Legislation in Prevention and Care of Tuberculosis.

Dr. Walter Sands Mills, New York City, Etiology and Underlying Causes of Tuberculosis.

Dr. H. M. Pollock, Norwich, Tuberculosis as Related to the Insane and to Institutional Work; discussion by Drs. Givens and Barnes, of Stamford.

Dr. F. M. Dearborn, New York City, Tuberculosis of the Skin; discussion by Drs. Rowell and Couch.

During the noon hour Dr. E. G. Tuttle, of New York, operated on a patient of Dr. H. L. Fifield, of Southington, for fibroid uterus, assisted by Dr. Rupert S. Day, of Bridgewater.

Dr. E. C. M. Hall, of New Haven, was elected to succeed himself as a member of the Homœopathic Examining Board.

There seemed to be no lack of interest, and judging from the attendance it may be voted the most successful meeting in several years.

BROOKLYN NOTES.

The annual meeting of the Brooklyn Clinical Society was held on November 1st, and officers for the ensuing year were elected, as follows: President, Dr. F. E. W. Hopke; Vice-President, Dr. Walter R. Iszard; Secretary-Treasurer, Dr. O. Du Bois Ingalls (re-elected).

The annual meeting and banquet of the Cumberland Street Hospital was held at the Clarendon on November 5th. At the business meeting Dr. John L. Moffat was elected President; Dr. Clarence N. Payne, Bridgeport, First Vice-President; Dr. F. E. W. Hopke, Second Vice-President; Dr. O. S. Ritch, Secretary; Dr. G. S. Ogden, Treasurer; Dr. W. S. Rink, Necrologist. Fifty-two members of the alumni were present. The speakers were: Dr. Mortimer Jones, Superintendent of the Hospital Commission; Robert W. Hebbard, Commissioner; Herman E. Metz, Dr. Royal S. Copeland, Dr. Ralph I. Lloyd, Rev. Howard Mellish. This was the sixth of those annual reunions, which grow more pleasant every year.

Dr. Harold A. Sanders, '05, 864 St. John's Pl., announces a change in office hours, as follows: 8-10 A. M., at 1 P. M. by appointments only; 5:30-7:30 P. M.; Sundays, 9-10 A. M.

The following program was presented at the November meeting of the Kings County Society:

Bureau of Preventive Medicine and Sanitation, J. T. W. Kastendieck, M. D., Chairman.

Typhoid Fever From an Engineer's Point of View, George G. Whipple, Consulting Engineer.

Bureau of Homœopathy and Materia Medica, E. R. Fiske, M. D., Chairman.

Meeting in charge of W. M. Butler, M. D.

Emergencies in Ophthalmology, Royal S. Copeland, M. D.; discussion by Drs. H. D. Schenck and Alton G. Warner.

Emergencies in Obstetrics, L. L. Danforth, M. D.; discussion by Drs. Herbert C. Allen and William W. Blackman.

Emergencies in Surgery, Wm. F. Honan, M. D; discussion by Drs. O. S. Ritch and Nathaniel Robinson.

ALUMNI NOTES.

Dr. Strowger, '06, desires to inform his friends of his removal from 765 St. Nicholas avenue to 163 West 91st street. Telephone, River 5812.

Dr. Charles F. Hastings, '07, announces his removal from Watt's Court, 161 West 140th street, to Rosalind Court, 510 West 144th street. Office hours until 10 A. M., 8 to 7 P. M.; Sunday until 10 A. M. only. Telephone, Audubon 1960.

Dr. Albert C. Geyser has returned to the city, and from this date can be consulted as usual, 158 West 70th street, New York. Hours, Tuesday, Thursday, Saturday, 10 A. M. to 4 P. M., and by appointment. Practice limited to radio-, physico- and electro-therapy.

Dr. Alfred Drury, '00, announces that he has taken an office at 160 Broadway at the corner of Paterson street, in addition to the office at his residence at the corner of 14th avenue and East 23d street. 160 Broadway, phone, 1247W; hours, 10-12 A. M., 7-8 P. M., Sunday excepted. 552 14th avenue, phone, 1895L; hours, until 8:30 A. M., 1-3 P. M., daily.

Dr. William Clark McKnight, '01, has removed to 13 Central Park, West, New York City, cor. 61st street. 10 to 1 and 5:30 to 6:30, Sundays, 9:30 to 10:30. Telephone, 103 Columbus. Please note change in office hours.

Dr. Harold A. Sanders, '05, 864 St. John's Place, Brooklyn, N. Y., announces the change of his office hours to the following: 8-10 A. M., at 1 P. M. by appointment only; 5:30 to 7-30 P. M., Sundays, 9-10 A. M. Telephone, 4325 Bedford. Anæsthesia.

Dr. John S. Maeder announces his removal on November 1st from Hahnemann Hospital to 304 East 120th Street. Office hours, 8 to 10 A. M., 2 to 3 P. M., 7 to 8 P. M. Sundays, 9 to 10 A. M. Telephone, 27 Harlem. Nighttelephone, 703 Morningside.

Dr. George M. Dillow announces removal from 223 West 57th Street to 250 West 57th Street, The Rutland, Broadway and 57th Street. Hours, 10 to 1 P. M., 5:30 to 6 P. M. Sundays, 12 to 1 P. M. Telephone, 3416 Columbus.

MARRIED.

On Wednesday, November 10th, at 69th St. Mark's avenue, Virginia Ferulie Durfrey to Charles Emory Paine, M. D., '03.

WANTED.

The Library of the New York Homœopathic Medical College and Flower Hospital is in need of several copies of Kent's Repertory.

BOOK NOTICE.

PRIMER OF SANITATION. By John W. Ritchie, Professor of Biology, College of William and Mary, Virginia. Illustrated by Karl Hussmann.

The Primer of Sanitation seems to be the first book of its kind adopted for the school children. The Primer of Sanitation contains those facts about the common infectious diseases that will enable the pupil to protect himself against these diseases. It gives to the child, in a way that he can understand, the geat pirnciples and facts of bacteriology and sanitation that makes these subjects, as a whole, seem reasonable and sensible. The book shows the harm that is being done by germ diseases, and in a clear and simple manner points out the measures that are necessary to stop them. The subject-matter covers scores of practical points that the leading health officers of America have asked to have mentioned, and the method of presentation embodies the ideas and experience of some of the best grade teachers that could be found. In a word, Primer of Sanitation presents to the child in intelligible form the facts that every one must have before he can either protect himself from infectious diseases or appreciate the work of public health officials.

SURGERY OF CHILDHOOD. By Sidney Freeman Wilcox, M. D., Professor of Clinical Surgery, N. Y. Medical College and Hospital for Women. Profusely illustrated. Boericke & Runyon, New York and Philadelphia.

In this book Dr. Wilcox has embodied his thirty years of special training along the lines of childhood surgery with the best opinions of the leading men of other schools.

The author does not spend much time in the discussion of the etiology and pathology of the various diseases, but gets at once to the surgical treatment, giving this in a clear, concise way.

While this volume might be used as a text-book on the subject, it

is more intended to be a ready reference book for the busy practician to which he may turn at any time and be able to read in a short time just what he wants to know about the surgical treatment of the various conditions that come within the scope of this work.

Of considerable interest are a number of special articles contributed by J. Wyllys Hassler, M. D., Hampton P. Howell, A. M., M. D., George E. Rice, D., M. D., and Addisone E. S. Boyce, M. D.

Boericke & Runyon announce that on February 1st, 1910, they will present to the profession, a new book by Dr. William Morris Butler, professor of mental diseases, N. Y. Hom. Med. Coll, and Flower Hosp., of Brooklyn N. Y., the title of which will be "Mental Diseases and Their Homœopathic Treatmeut."

The volume will contain about 464 pages; will be handsomely illustrated and thoroughly up-to-date. Price, postpaid, $3.50.